



State of Louisiana

Department of Health and Hospitals
Center for Environmental Health Services

APPLICATION FOR FOOD SAFETY CERTIFICATE Failure To Provide Accurate Training Information Will Delay Processing

APPLICANT INFORMATION:

LAST NAME _____ FIRST _____ MI _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ PARISH _____

PHONE NUMBER _____ E-MAIL ADDRESS _____

ESTABLISHMENT INFORMATION:

NAME OF FOOD SERVICE ESTABLISHMENT _____

ESTABLISHMENT PHONE NUMBER: _____

ADDRESS _____ PERMIT # _____

CITY _____ STATE _____ PARISH _____ ZIP _____

TRAINING PROGRAM INFORMATION:

NAME OF TRAINING PROGRAM SPONSOR _____

DATE OF EXAMINATION _____ COURSE INSTRUCTOR/ PROCTOR _____

****APPROVED PROVIDER AND INSTRUCTOR MUST BE DOCUMENTED IN ORDER TO PROCESS APPLICATION****

**PLEASE ATTACH A COPY OF TRAINING COURSE CERTIFICATE, AND CHECK
OR MONEY ORDER FOR \$25.00 MADE PAYABLE TO D.H.H. MAIL TO: OPH
RETAIL FOOD PROGRAM P.O. Box 4489 BOX 10, BATON ROUGE, LA. 70821-4489**

DATE OF APPLICATION

SIGNATURE

FOR OFFICE USE ONLY

FSC CERTIFICATE # _____

METHOD OF PAYMENT

DATE ISSUED _____

CHECK # _____ M.O.# _____

VENDOR NAME _____

FEE EXEMPT _____